

2010 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21015.1982--3/9/2010

210151982



① CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/26/10

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: PRES.
ROBERT P. SALDIVAR

SCC ID NO.: 0334773-9

8004-A ALBAN ROAD

⑤ STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

SPRINGFIELD, VA 22150

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the attached instruction sheet. Type or print in black only. If item ⑥ is blank or incorrect, you must add or change the principal office address where indicated. If item ⑦ is blank or incorrect, you must add or change the director and officer information where indicated.

⑥ PRINCIPAL OFFICE ADDRESS:

| | |
|--|---|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. | ADDRESS: |
| CITY/ST/ZIP SPRINGFIELD, VA 22150 | CITY/ST/ZIP |

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|---|---|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT P SALDIVAR TITLE: PRESIDENT/TREAS ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert Saldivar
PRINTED NAME AND CORPORATE TITLE

3-01-08
DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0266782 000004603 09SCC1
AF002V Rev 14 1/08



2010 ANNUAL REPORT CONTINUED

21015.1982--3/9/2010

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/26/10
SCC ID NO.: 0334773-9

210151982

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
|--|--|---|--|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21105.6656--3/8/2011^x

211056656



① CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/11

② VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR

SCC ID NO.: 0334773-9

8004-A ALBAN ROAD

⑤ STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

SPRINGFIELD, VA 22150

③ CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

④ STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

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⑥ PRINCIPAL OFFICE ADDRESS:

| | |
|--|---|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. | ADDRESS: |
| CITY/ST/ZIP SPRINGFIELD, VA 22150 | CITY/ST/ZIP |

⑦ DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|---|---|
| Mark appropriate box unless area below is blank: Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information <input type="checkbox"/> | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: ROBERT P SALDIVAR | NAME: |
| TITLE: PRESIDENT/TREAS | TITLE: |
| ADDRESS: 5723 ASH DR | ADDRESS: |
| CITY/ST/ZIP: SPRINGFIELD, VA 22150 | CITY/ST/ZIP: |

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS REPORT IS ACCURATE AND COMPLETE.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document he knows is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0311886 000004506 09SCC1

AP002V Rev 14 1/08

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/11
SCC ID NO.: 0334773-9

211056656

⑦ DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
|--|--|---|--|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21202.0593--1/9/2012

File online at
sccefile.scc.virginia.gov



212020593

1. CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/12

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR

SCC ID NO.: 0334773-9

8004-A ALBAN ROAD

5. STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

SPRINGFIELD, VA 22150

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|---|---|
| <input checked="" type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. | ADDRESS: |
| CITY/ST/ZIP SPRINGFIELD, VA 22150 | CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|--|---|
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT P SALDIVAR TITLE: PRESIDENT/TREAS ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0355963 000004523 09SCC1

2012 ANNUAL REPORT CONTINUED

21202.0593--1/9/2012

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/12
SCC ID NO.: 0334773-9

212020593

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
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| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input checked="" type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213509722

1.) CORPORATION NAME:

SALDIVAR & ASSOCIATES, INC.DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT P. SALDIVAR
8004-A ALBAN ROAD
SPRINGFIELD, VA 22150**SCC ID NO: **03347739**

5.) STOCK INFORMATION

| | |
|--------|------------|
| CLASS | AUTHORIZED |
| COMMON | 30,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FAIRFAX COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8004-A ALBAN RD.

CITY/ST/ZIP: SPRINGFIELD, VA 22150

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: ROBERT P SALDIVAR
TITLE: PRESIDENT/TREAS
ADDRESS: 5723 ASH DR
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150

☒

OFFICER

☒

DIRECTOR

NAME: MICHELLE MEEHAN BLOXTON
TITLE: VP/SECRETARY
ADDRESS: 6564 MONET CTCOURT
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193

☒

OFFICER

☒

DIRECTOR

NAME: JEFF BLOXTON
TITLE: DIRECTOR
ADDRESS: 6564 MONET COURT
CITY/ST/ZIP/CO: WOODBRIDGE, VA 22193

☐

OFFICER

☒

DIRECTOR

NAME: JO MARIE SALDIVAR
TITLE: DIRECTOR
ADDRESS: 5723 ASH DR
CITY/ST/ZIP/CO: SPRINGFIELD, VA 22150

☐

OFFICER

☒

DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT P SALDIVAR

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

ROBERT P SALDIVAR,

PRESIDENT/TREAS
PRINTED NAME AND CORPORATE
TITLE

2/26/2013

DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

21404.1010--2/24/2014

File online at
sccefile.scc.virginia.gov



21404.1010--2/24/2014

1. CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/14

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.
ROBERT P. SALDIVAR

SCC ID NO.: 0334773-9

8004-A ALBAN ROAD

5. STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

SPRINGFIELD, VA 22150

3. CITY OR COUNTY OF VA REGISTERED OFFICE:
129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:
VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|--|---|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. CITY/ST/ZIP SPRINGFIELD, VA 22150 | ADDRESS: CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|---|---|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT P SALDIVAR TITLE: PRESIDENT/TREAS ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert Saldivar President
PRINTED NAME AND CORPORATE TITLE

2.14.14
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

+ 0457470 000003477 09SCC1

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/14
SCC ID NO.: 0334773-9

7. DIRECTORS AND PRINCIPAL OFFICERS (continued):

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
|--|--|---|--|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
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| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement | |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |
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| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | |

**2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

File online at
sccfile.scc.virginia.gov



215064513

1. CORPORATION NAME:

SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/15

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.

SCC ID NO.: 0334773-9

ROBERT P. SALDIVAR
8004-A ALBAN ROAD
SPRINGFIELD, VA 22150

5. STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

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| | |
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| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. | ADDRESS: |
| CITY/ST/ZIP SPRINGFIELD, VA 22150 | CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

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| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> |
| NAME: ROBERT P SALDIVAR | NAME: |
| TITLE: PRESIDENT/TREAS | TITLE: |
| ADDRESS: 5723 ASH DR | ADDRESS: |
| CITY/ST/ZIP: SPRINGFIELD, VA 22150 | CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

SIGNATURE OF DIRECTOR/OFFICER
LISTED IN THIS REPORT

Robert Saldivar/President
PRINTED NAME AND CORPORATE TITLE

2.25.15
DATE

It is a Class 1 misdemeanor for any person to sign a document that is false in any material respect with intent that the document be delivered to the Commission for filing.

2015 ANNUAL REPORT CONTINUED

21506.4513--4/3/2015

215064513

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/28/15
SCC ID NO.: 0334773-9

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | |
|--|--|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input checked="" type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: JO MARIE SALDIVAR TITLE: DIRECTOR ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

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2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION



216032586

1. CORPORATION NAME:

SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/16

2. VA REGISTERED AGENT NAME AND OFFICE ADDRESS: OFFCR.

 ROBERT P. SALDIVAR
 8004-A ALBAN ROAD
 SPRINGFIELD, VA 22150

SCC ID NO.: 0334773-9

3. CITY OR COUNTY OF VA REGISTERED OFFICE:

129-FAIRFAX COUNTY

4. STATE OR COUNTRY OF INCORPORATION:

VA-VIRGINIA

5. STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 30,000 |

DO NOT ATTEMPT TO ALTER THE INFORMATION ABOVE. Carefully read the enclosed instructions. Type or print in black only.

6. PRINCIPAL OFFICE ADDRESS:

| | |
|--|---|
| <input type="checkbox"/> Mark this box if address shown below is correct | If the block to the left is blank or contains incorrect data please add or correct the address below. |
| ADDRESS: 8004-A ALBAN RD. | ADDRESS: 7956 Cameron Brown St B Court Springfield, Va 22153 |
| CITY/ST/ZIP SPRINGFIELD, VA 22150 | CITY/ST/ZIP |

7. DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed.
 An individual may be designated as both a director and an officer.

| | |
|---|---|
| Mark appropriate box unless area below is blank: <input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information | If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below: <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement |
| OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/> NAME: ROBERT P SALDIVAR TITLE: PRESIDENT/TREAS ADDRESS: 5723 ASH DR CITY/ST/ZIP: SPRINGFIELD, VA 22150 | OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> NAME: TITLE: ADDRESS: CITY/ST/ZIP: |

I affirm that the information contained in this report is accurate and complete as of the date below.

 SIGNATURE OF DIRECTOR/OFFICER
 LISTED IN THIS REPORT

PRINTED NAME AND CORPORATE TITLE

DATE

2016 ANNUAL REPORT CONTINUED

216032586--2/8/2016

CORPORATION NAME:
SALDIVAR & ASSOCIATES, INC.

DUE DATE: 02/29/16
SCC ID NO.: 0334773-9

216032586

7. DIRECTORS AND PRINCIPAL OFFICERS: (continued)

All directors and principal officers must be listed.
An individual may be designated as both a director and an officer.

| | | | |
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| <p>OFFICER <input checked="" type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: MICHELLE MEEHAN BLOXTON TITLE: VP/SECRETARY ADDRESS: 6564 MONET CTCOURT CITY/ST/ZIP: WOODBRIDGE, VA 22193</p> | | <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> | |
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| <p>OFFICER <input type="checkbox"/> DIRECTOR <input checked="" type="checkbox"/></p> <p>NAME: JEFF BLOXTON TITLE: DIRECTOR ADDRESS: 6564 MONET COURT CITY/ST/ZIP: WOODBRIDGE, VA 22193</p> | | <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> | |
| <p>Mark appropriate box unless area below is blank:</p> <p><input type="checkbox"/> Information is correct <input type="checkbox"/> Information is incorrect <input type="checkbox"/> Delete information</p> | | <p>If the block to the left is blank or contains incorrect data, please mark appropriate box and enter information below:</p> <p><input type="checkbox"/> Correction <input type="checkbox"/> Addition <input type="checkbox"/> Replacement</p> | |
| <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> | | <p>OFFICER <input type="checkbox"/> DIRECTOR <input type="checkbox"/></p> <p>NAME: TITLE: ADDRESS: CITY/ST/ZIP:</p> | |
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